

**TROY LOCAL DEVELOPMENT CORPORATION  
BUSINESS DEVELOPMENT ASSISTANCE PROGRAM  
Application for Funding Assistance**

**Applicant:**

Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Business/Project Address: \_\_\_\_\_

Total Project Cost: \_\_\_\_\_

Loan Request: \_\_\_\_\_ Grant Request: \_\_\_\_\_

Business Type: Corp. \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Prop \_\_\_\_\_

Year Established: \_\_\_\_\_ FEIN: \_\_\_\_\_

Years at current address:    Business \_\_\_\_\_ Home \_\_\_\_\_

Gross Annual Sales:            \$ \_\_\_\_\_

Other Sources of Income:    \$ \_\_\_\_\_

Income from alimony, child support, or separate maintenance payments need not be revealed. Examples of other income include social security, disability, or rental income.

**Ownership of Applicant Company:**

List all principals with 20% or more ownership:

Name	Title	% Owned	Annual Compensation

**Affiliates:**

List all businesses in which applicant or any owner has an interest.

Name	Title	% Owned	Annual Compensation

**List all Bank account information:**

Bank Name	Checking	Savings	Other	Balance

**List all sources of project funding, and dollar amount and use (s) of funds requested.**

Source of Funds	Use of Funds	Dollar Amount
		<b>Total Project Cost</b>
		<b>Total Funds Requested</b>
		<b>Total Owner Equity</b>

**Description of Collateral Offered:**

Collateral	\$ Value	Mortgage/Lien	\$ Value

**Outstanding Debt (List all loans, credit cards, lines of credit, installment debt, leases, and mortgages)**

Lender	Original Amt.	Balance	Monthly Payment

**Additional Information:**

Is your business party to any claim or lawsuit? \_\_\_\_\_Yes \_\_\_\_\_No

Have you or any owner, officer, director or partner ever owned a business that has declared bankruptcy? \_\_\_\_\_Yes  
\_\_\_\_\_ No

Does your business owe taxes for other than the current year? \_\_\_\_\_Yes \_\_\_\_\_ No

If yes to any question, please explain:

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**Project Description:****Attorney:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone (     ) \_\_\_\_\_

**Accountant:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone (     ) \_\_\_\_\_

**Trade References:**

1. Name \_\_\_\_\_ Zip Code \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (     ) \_\_\_\_\_  
Contact \_\_\_\_\_

2. Name \_\_\_\_\_ Zip Code \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (     ) \_\_\_\_\_  
Contact \_\_\_\_\_

3. Name \_\_\_\_\_ Zip Code \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (     ) \_\_\_\_\_  
Contact \_\_\_\_\_

**Insurance Agent/Bonding Company:**

Name \_\_\_\_\_ Zip Code \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (     ) \_\_\_\_\_  
Contact \_\_\_\_\_

By signing below, my business and I both agree to be liable for the indebtedness incurred on this loan. I certify to the truth of my statements above and authorize the City of Troy to obtain personal credit reports in connections with this application. If it does so, upon request, I will be informed of that fact and each credit bureau's name and address. I also authorize the City of Troy to verify with others information contained in this application and to report its transactions with me, in the event of non-payment of any loan established hereunder.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Troy Local Development Corporation certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.